

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018257

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 24

VS 300  
Rev. 4/59

1 0150

2 0150

3 2

4 0

5 1

6

7 0

8 2

9 9100

10 22

11 015

12 91-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Osage-Beach</u>		c. CITY OR TOWN <u>Osage-Beach</u>	
Length of stay in 1b <u>29RS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAKE-TRAD-27</u>		d. STREET ADDRESS (If outside, give location) <u>LAKE-TRAD-27 AND U.S. 54</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>NORMAN- Wesley- COTTEN</u>		4. DATE OF DEATH Month Day Year <u>MAY- 12- 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-DEC-1903</u>
9. AGE (last birthday) <u>58</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRIC-Co</u>	
11. BIRTHPLACE (City and state or country) <u>Miller-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13. FATHER'S NAME <u>Thomas-Wesley-Cotton</u>		13b. MOTHER'S MAIDEN NAME <u>LOUELLA- Neibert</u>	
14. NAME OF HUSBAND OR WIFE <u>Evelyn-Cotton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>Evelyn-Cotton</u>		Address <u>Osage-Beach-Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushing Injury Abdomen &amp; Pelvis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Tree fell on him while on caterpillar.</u>	
20c. TIME OF INJURY Hour <u>2</u> p.m. Month, Day, Year <u>5-12-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>About Home</u>		20f. CITY, TOWN, OR LOCATION <u>Osage Beach</u> COUNTY <u>Camden</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>5-12-62</u> to <u>was seen only D.O.A.</u> Death occurred at <u>2<sup>nd</sup> P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. H. Benson, Jr. M.D.</u> (Degree or title)		22b. ADDRESS <u>Camden, Mo</u>	
22c. DATE SIGNED <u>5-14-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>14 MAY-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELDON</u>	
23d. LOCATION (City, town, or county) <u>ELDON-Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Keith M. Fays</u> ADDRESS <u>ELDON-Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 14-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Zilpha J. Inaw</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

7961 9 T NW 3A  
MAY 16 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Keith M. Faye  
Licensed Embalmer No. 3998  
P. O. Address Eldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.